

Substitute for Form PTO-875

Application or Control Number or

101807752

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
ITEM	NUMBER FILED
BASIC FEE	NUMBER EXTRA
131 CFF 1000	
TOTAL CLAIMS	claims 20 +
131 CFF 1000	-
ADDITIONAL CLAIMS	claims 3 +
131 CFF 1000	-
AMOUNT IN U.S. DOLLARS	000 000 000

(Column 1)	(Column 2)
RATE	FEES
1.	
2.	
3.	
4.	
5.	
TOTAL	

(Column 1)	(Column 2)
RATE	FEES
1.	
2.	
3.	
4.	
5.	
TOTAL	

* If the amount listed in column 1 is less than two, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT #	ITEM NUMBER	ITEM NUMBER	ITEM NUMBER	ADDITIONAL FEE
1	CLAMS REMOVED OR ADDED	HIGHEST PREVIOUSLY PAID ON	PREV. EXTRA	ADDITIONAL FEE
	29	29	5	25
	5			100
				TOTAL ADDITIONAL

ITEM	ADDITIONAL FEE
1.	50
2.	200
3.	
4.	
5.	
TOTAL ADDITIONAL	

AMENDMENT #	ITEM NUMBER	ITEM NUMBER	ITEM NUMBER	ADDITIONAL FEE
1	CLAMS REMOVED OR ADDED	HIGHEST PREVIOUSLY PAID ON	PREV. EXTRA	ADDITIONAL FEE
	29	29	5	25
	5			100
				TOTAL ADDITIONAL

ITEM	ADDITIONAL FEE
1.	50
2.	200
3.	
4.	
5.	
TOTAL ADDITIONAL	

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ITEM	ADDITIONAL FEE
1.	50
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1	CLAMS REMOVED OR ADDED	HIGHEST PREVIOUSLY PAID ON	PREV. EXTRA	ADDITIONAL FEE
	29	29	5	25
	5			100
				TOTAL ADDITIONAL

ITEM	ADDITIONAL FEE
1.	50
2.	200
3.	
4.	
5.	
TOTAL ADDITIONAL	

TEST AVAILABLE COPY

3/22/05

Shawn